Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Skilled Healthcare Group Inc. Political Action Committee 27442 Portola Parkway Suite 200 ADDRESS (number and street) (Check if address is changed) Foothill Ranch 92610 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00442426 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Pat Ikerd [Electronically Filed] 30 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE C	OF COMMITTEE	1 ago 2		
Candi	date Committee:			
(a)	This committee is a principal campaign committee. (Complete the candidate information below.))		
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate		
Name o Candida				
Candida Party Af		State		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name o Candida				
Party	Committee:	(Damasan, 1)		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Politic	al Action Committee (PAC):			
(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a		
	Corporation Corporation w/o Capital Stock	Labor Organization		
	Membership Organization Trade Association	Cooperative		
	In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint F	undraising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political		
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political		
(Committees Participating in Joint Fundraiser			
	. FEC ID number			
2	o. FEC ID number			
(B. FEC ID number			
4	I.			

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Write or Type Committee Nan		3
	are Group Inc. Political Action Comm	ittee
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
Skilled Healthcare Gr	oup, Inc.	
Mailing Address	27442 Portola Parkway #200	
v		
	Foothill Ranch CA	92610
	CITY STATE	ZIP CODE
Relationship: X Connecto	ed Organization Affiliated Committee Joint Fundraising Representat	ive Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the pe	rson in possession of committee
Chris Fel	fe	
Full Name	c/o PASS	
Mailing Address	1950 Roland Clarke PI Ste 300	
	Reston	20191
Title or Position	CITY STATE	ZIP CODE
Custodian	Telephone number	03 476 - 3070
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Pat Ikerd		
of Treasurer	27442 Portola Parkway Suite 200	
Mailing Address		
	. Fastbill Banch	.00040
	Foothill Ranch CITY STATE	92610
Title or Position Treasurer	. 94	

949

Telephone number

380

2027

9.

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Full Name of Designated Agent Chris Felfe							
Mailing Address	27442 Portola Parkway						
	Suite 200						
	Foothill Ranch CITY	CA 92610 STATE	ZIP CODE				
Title or Position Assistant Treasurer	Telephone num	nber <u> 949</u> -	282 - 5954				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Burke & Herbert Bank & Trust Co.							
Mailing Address	100 South Fairfax Street						
	Alexandria	VA 22314					
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY	STATE	ZIP CODE				

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This amendment is filed to disclose the new PAC Treasurer.

Form/Schedule: Transaction ID: